

SOUTHAMPTON HOSPITAL
240 MEETING HOUSE LANE
SOUTHAMPTON, NY 11968

RADIOLOGY REPORT

Name:	CARPENTER JOHN	Account Number:	2519140
Stay Type:	O/P	MR Number:	167010
Date of Birth:	02/12/1957	Room:	
Admit Date:	02/04/11	Sex:	M
Age:	53	Ordering Phys:	CHUN ALEXA
Admit Phys:	CHUN ALEXA	Order Number:	98164
Family Phys:		Consulting Phys:	CHUN ALEXA
MRI SHOULDER R W/O CONTRAST	73221	COMPLETE:	02/04/11 18:13 TJC 98164
(Reason for Procedure: PAIN)			

Unsigned transcriptions are preliminary reports.

1. FOCAL FULL THICKNESS OF THE DISTAL SUPRASPINATUS TENDON, WITH MILD STRAINS OF THE DISTAL SUPRASPINATUS AND INFRASPINATUS MUSCLES.
2. COMPLEX TEAR OF THE ANTERIOR GLENOID LABRUM.
3. BONE BRUISING AT THE PROXIMAL RIGHT HUMERUS.
4. SMALL ACROMIOCLAVICULAR JOINT EFFUSION.
5. INFLAMMATORY AND HYPERTROPHIC DEGENERATIVE CHANGES OF THE ACROMIOCLAVICULAR JOINT, WITH OBLITERATION OF THE SUBACROMIAL FAT PLANE. RECOMMEND CLINICAL CORRELATION, AS THESE FINDINGS CAN BE SEEN IN PATIENTS WITH IMPINGEMENT SYNDROME.
6. SPRAINS OF THE CORACOHUMERAL AND MIDDLE GLENOHUMERAL LIGAMENTS.

Electronically Signed by:
Barry R. Armandi Jr., M.D.
RADIOLOGIST

BRA
TH
Tx date: 02/07/11 08:17

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Copy for: CHUN ALEXANDER

Radiology Reports Pg 2 of 5

SOUTHAMPTON HOSPITAL
240 MEETING HOUSE LANE
SOUTHAMPTON, NY 11968

RADIOLOGY REPORT

Name:	CARPENTER JOHN	Account Number:	2330460
Stay Type:	O/P	MR Number:	167010
Date of Birth:	02/12/1957	Room:	
Admit Date:	09/10/09	Sex:	M
Age:	52	Ordering Phys:	DIFABRIZIO
Admit Phys:	DIFABRIZIO	Order Number:	93715
Family Phys:		Consulting Phys:	DIFABRIZIO
CT CHEST W/O CONTRAST	71250	COMPLETE:09/10/09 11:42	DMV 93715
Reason for Procedure(s):	LEFT CHEST PAIN		

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CT SCAN OF THE CHEST WITHOUT CONTRAST:

HISTORY: 52-year-old male patient with left chest pain.

TECHNIQUE: Noncontrast computed tomography was performed from the thoracic inlet to the dome of the diaphragm. Coronal reformatted images were then obtained. This examination is compared to a prior CT examination of the chest performed on 10/08/08.

FINDINGS: No acute infiltrates are noted. No pulmonary nodules are demonstrated. Atelectasis or scarring is noted in the lingula of the left upper lobe.

The great vessels are within normal limits. No mediastinal adenopathy is noted. Trace pericardial fluid is identified anterior to the heart on series 2, image #40. This is of uncertain significance. This is new when compared to the prior examination.

The osseous structures and superficial soft tissues are within normal limits.

The visualized liver, spleen and pancreas are within normal limits.

IMPRESSION:

NO ACUTE INFILTRATES OR PULMONARY NODULES ARE PRESENT.

A TRACE AMOUNT OF PERICARDIAL FLUID IS IDENTIFIED ANTERIOR TO THE HEART, AS DESCRIBED. THIS IS OF UNCERTAIN SIGNIFICANCE.

Electronically Signed by:
SALVATORE PARRINELLO MD
RADIOLOGIST

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SOUTHAMPTON HOSPITAL
200 METTING HOUSE LANE
SOUTHAMPTON, NY 11968

RADIOLOGY REPORT	
Name:	CARPENTER JOHN
Stay Type:	O/P
Date of Birth:	02/12/1957
Admit Date:	08/25/10
Age:	53
Admit Phys:	CHUN ALEXA
Family Phys:	
MRI CHEST W/O CONTRAST	71550
(Reason for Procedure: CHEST PAIN	
Account Number:	2460145
MR Number:	167010
Room:	
Sex:	M
Ordering Phys:	CHUN ALEXA
Order Number:	64671
Consulting Phys:	CHUN ALEXA
COMPLETE: 08/25/10 17:41	TJC 64671

Unsigned transcriptions are preliminary reports.

MRI CHEST

HISTORY: Atypical chest pain. Second and third ribs "feel like fluid likely in chest".

TECHNIQUE: Multiplanar multisequential unenhanced images were obtained of the left chest wall.

COMPARISON: MRI CHEST 9/25/2008.

FINDINGS: The fat suppressed T2 images again demonstrate the presence of increased signal in the anterior chest wall between the second and third left ribs centered about the costochondral articulations (19/6, 10/8). The adjacent ribs are unremarkable. The appearance is non-specific. Clinical correlation with regard to costochondritis is recommended. Because of the persistence of complaints and non-specific MRI findings, perhaps a bone scan should be considered to better assess the ribs as this has not been previously performed.

IMPRESSION:
NON-SPECIFIC INCREASED T2 SIGNAL NOTED IN THE REGION OF THE BILATERAL LEFT SECOND AND THIRD COSTOCHONDRAL ARTICULATIONS. NOT SIGNIFICANTLY CHANGED SINCE THE PRIOR EXAM. THIS IS OF INDETERMINATE ETIOLOGY AND MAY BE ARTIFACTUAL OR ALTERNATIVELY RELATED TO COSTOCHONDRITIS. NEVERTHELESS, BECAUSE OF THE PERSISTENCE OF COMPLAINTS, A BONE SCAN SHOULD BE CONSIDERED.

Electronically Signed by:
Bradley S. Ghack, M.D.
RADIOLOGIST

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RADIOLOGY REPORT

Name:	CARPENTER JOHN	Account Number:	2183630
Stay Type:	O/P	MR Number:	167010
Date of Birth:	02/12/1957	Room:	
Admit Date:	09/25/08	Sex:	M
Age:	51	Ordering Phys:	CHUN ALEXA
Admit Phys:	CHUN ALEXA	Order Number:	93019
Family Phys:		Consulting Phys:	CHUN ALEXA
=>MRI ORDER<=	COMPLETE:09/25/08 14:40 TC 93019		
Reason for Procedure(s):	CHEST PAIN POST MVA/		
MRI CHEST W/O CONTRAST	71550 COMPLETE:09/25/08 14:40 LW 93062		

Unsigned transcriptions are preliminary reports.

MRI OF THE CHEST WITHOUT CONTRAST

HISTORY: 51-year-old patient with chest pain status post motor vehicle collision.

TECHNIQUE: Multiplanar, multisequence MR examination of the chest was performed without administration of gadolinium contrast. No prior examinations are available for comparison.

FINDINGS: Please note that contrast enhanced computed tomography of the chest is preferred imaging modality in the evaluation of chest trauma. If an aortic or great vessel injury is a clinical consideration, the patient should receive a CT examination of the chest with contrast for further evaluation.

Fat suppressed T2 weighted images demonstrate the presence of increased signal in the anterior chest wall in the region of the bilateral second and third ribs. This may represent subcutaneous edema or magnetic field inhomogeneity. Correlation with the mechanism of injury and sites of tenderness, if there are any, is recommended. No definite rib fractures are noted.

The heart, mediastinum and great vessels are grossly unremarkable. Marrow signal is within normal limits.

IMPRESSION:

INCREASED SIGNAL IDENTIFIED ON FAT SUPPRESSED T2 WEIGHTED IMAGES IN THE ANTERIOR CHEST WALL IN THE REGION OF THE SECOND AND THIRD ANTERIOR RIBS. CORRELATION WITH PHYSICAL EXAMINATION IS RECOMMENDED. THIS MAY REPRESENT MAGNETIC FIELD INHOMOGENEITY OR SOFT TISSUE EDEMA IN THIS REGION.

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RADIOLOGY REPORT

Name:	CARPENTER JOHN	Account Number:	2532417
Stay Type:	O/P	MR Number:	167010
Date of Birth:	02/12/1957	Room:	
Admit Date:	03/14/11	Sex:	M
Age:	54	Ordering Phys:	CHUN ALEXA
Admit Phys:	CHUN ALEXA	Order Number:	05605
Family Phys:		Consulting Phys:	CHUN ALEXA
MRI SHOULD L W/O CONTRAST	73221	COMPLETE:	03/14/11 15:50 SLR 5605
(Reason for Procedure: LEFT SHOULDER PAIN CD TO PT)			

Unsigned transcriptions are preliminary reports.

MRI LEFT SHOULDER

CLINICAL INDICATION: Left shoulder pain.

TECHNIQUE: Multiplanar, multisequential MRI images were obtained of the left shoulder.

FINDINGS: There is a large multilobulated mostly T2 hyperintense mass in the proximal shaft of the left humerus suggestive of an enchondroma as seen on recent x-ray.

Prominent tendinosis is noted in the supraspinatus and infraspinatus tendons without discrete tear identified. There is no evidence for edema or atrophy of the respected muscles. The subscapularis and teres minor tendons are intact as are the respective muscles.

Visualized portions of the long bicipital tendon appear intact.

Focal tearing is noted in the glenoid labrum superiorly.

There is mild acromioclavicular arthrosis without significant stenosis of the subacromial space.

IMPRESSION:

TENDINOSIS IN THE SUPRASPINATUS AND INFRASPINATUS TENDONS WITHOUT DISCRETE TEAR.

LARGE MASS IN THE SHAFT OF THE LEFT HUMERUS SUGGESTIVE OF ENCHONDROMA.

FOCAL TEARING IN THE SUPERIOR LABRUM.